HazMat 38-08
Revised 9/07

Environmental and Public Protection Cabinet
Office of Housing, Buildings and Construction
Hazardous Materials Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: (502) 573-1702 Fax: (502) 573-1695

PERMIT APPLICATION TO INSTALL UNDERGROUND STORAGE TANKS (UGST) FOR PETROLEUM PRODUCTS OR HAZARDOUS MATERIALS

For Official Use Only

Permit No.: _____ **Approved By:** _____

Amount Paid: _____ **Date Approved:** _____

Installation Site

_____
NAME OF BUSINESS/COMPANY (D/B/A)

_____
STREET ADDRESS

_____
CITY STATE ZIP CODE

( ) _____
TELEPHONE NUMBER COUNTY

_____
UST AGENCY INTEREST NUMBER (EXISTING SITES ONLY)

Owner of Tanks

_____
OWNER/OPERATOR/COMPANY NAME

_____
STREET ADDRESS

_____
CITY STATE ZIP CODE

( ) _____
TELEPHONE NUMBER COUNTY

Contractor

_____
COMPANY NAME

_____
STREET ADDRESS

_____
CITY STATE ZIP CODE

( ) ( )
BUS. TELEPHONE NUMBER FAX NUMBER

Certified Individual

_____
NAME OF CONTRACTOR

( )
TELEPHONE NUMBER

_____
INDIVIDUAL'S CERTIFICATION NUMBER EXPIRATION DATE

Type of Facility

☐ Commercial ☐ Private Use ☐ Government ☐ Heating Oil ☐ Bulk Plant

☐ Other (Please Specify): _____

Installation Activities To Be Completed Under This Permit (check all that apply):

☐ New Site ☐ Adding new tank(s) at existing site ☐ Repair (Tank / Piping)
☐ Reconfiguration of existing piping ☐ Replacing an existing tank ☐ Install Automatic Tank Gauge
☐ Install Under-Dispenser Containment ☐ Flex connector replacement ☐ Install STP / Transition Sump
☐ Install Corrosion Protection ☐ Flexible piping replacement ☐ Other (Specify):_____

1. Tank Information -

TANK TYPE CODES

01	Sti-P3	05	Single Wall Steel, Fiberglass Clad
02	Single Wall FRP	06	Double Wall Steel, Fiberglass Clad
03	Double Wall FRP	07	Jacketed
04	Double Wall Steel	08	Other (Specify):_____

TANK #1:

CAPACITY (GALLONS) TANK TYPE CODE

Compartmented: ☐ Yes ☐ No

PRODUCT STORED

Tank Manufacturer:_____ Model:_____

Tank Dimensions: Diameter:_____ Length:_____

TANK #2:

CAPACITY (GALLONS) TANK TYPE CODE

Compartmented: ☐ Yes ☐ No

PRODUCT STORED

Tank Manufacturer:_____ Model:_____

Tank Dimensions: Diameter:_____ Length:_____

1. Tank Information (Continued)-

TANK #3:

CAPACITY (GALLONS) | TANK TYPE CODE | Compartmented: □ Yes □ No

PRODUCT STORED

Tank Manufacturer:_____ Model:_____

Tank Dimensions: Diameter:_____ Length:_____

TANK #4:

CAPACITY (GALLONS) | TANK TYPE CODE | Compartmented: □ Yes □ No

PRODUCT STORED

Tank Manufacturer:_____ Model:_____

Tank Dimensions: Diameter:_____ Length:_____

TANK #5:

CAPACITY (GALLONS) | TANK TYPE CODE | Compartmented: □ Yes □ No

PRODUCT STORED

Tank Manufacturer:_____ Model:_____

Tank Dimensions: Diameter:_____ Length:_____

TANK #6:

CAPACITY (GALLONS) | TANK TYPE CODE | Compartmented: □ Yes □ No

PRODUCT STORED

Tank Manufacturer:_____ Model:_____

Tank Dimensions: Diameter:_____ Length:_____

1. Tank Information (Continued)-

a) Depth of bedding beneath tanks: _____ inches

b) Amount of backfill surrounding tanks: _____ inches

c) Type of bedding and backfill: □ Sand □ Pea Gravel □ Crushed Rock

d) Distance from tanks to nearest property line: _____ feet

e) Distance from tanks to nearest structure foundation: _____ feet

f) Distance from tank fill pipe to nearest building opening: _____ feet

g) Tanks UL labeled? □ Yes □ No

h) Tank fill pipes to be properly identified? □ Yes □ No

i) Type of cover over tanks and thickness:

□ _____ inches of backfill and _____ inches of □ Asphalt □ Concrete

□ 36 inches of soil

□ 24 inches of soil (non-traffic areas only)

j) Will the tanks be subject to floatation? □ Yes □ No

If yes, indicate method of anchoring: □ Deadmen □ Overburden □ Pad

k) What will the distance be from the anchoring device to the tank? _____ inches

l) Are the tanks manifolded? □ Yes □ No

If yes, indicate which products:_____

2. Piping Information -

a) Delivery Method: □ Pressurized □ Suction

b) Type: □ Steel □ FRP □ Approved Non-metallic (Flexible)

c) Piping Manufacturer/Model:_____

d) Will FRP and non-metallic piping be listed for use with alcohols and other oxygenated fuels? □ Yes □ No

e) Indicate the service of the piping to be installed: □ Product Lines □ Vent Lines □ Stage II Vapor Recovery

f) Will flexible connections be provided at every change of direction from the vertical to the horizontal and vice-versa? □ Yes □ No

g) Type of flexible connections: □ Swing Joints □ Approved Flexible Connectors

h) Is piping manifolded? □ Yes □ No

If yes, which product lines:_____

i) Depth of piping: _____ inches

j) Is secondary containment provided for product piping? □ Yes □ No

k) Will pipe sealant be compatible with product to be used? □ Yes □ No

2. Piping Information (Continued)-

l) Indicate type of bedding and backfill around piping: □ Sand □ Pea Gravel □ Crushed Rock

m) FRP/Approved Non-metallic (flexible piping) to be properly installed per manufacturer's specifications?
□ Yes □ No

n) If steel, type of pipe used: □ Galvanized □ Black

o) Indicate method of cathodic protection for steel piping:

□ Coated piping with Impressed Current system

System Designed by: _____ NACE #_____

□ Field-Installed Cathodic Protection designed by a CP expert

System Designed by: _____ NACE #_____

p) Indicate method of attaching sacrificial anode to piping: □ Cadweld □ Thermite Weld □ Mechanical Clamp

q) Indicate degree of slope of piping:

□ Level □ 1/8 inches per foot □ 1/4 inches per foot □ 1/2 inches per foot

r) If suction piping is used indicate location of check valve: □ Tank □ Dispenser

s) If pressurized pipe is used will approved leak detectors be used? □ Yes □ No

Leak Detector Type: □ Mechanical □ Electronic

t) Will drop tubes be installed in the fill pipes? □ Yes □ No

u) Will a remote fill be installed? □ Yes □ No

v) Tank vent lines will terminate _____ feet above ground level.

w) Steel pipe for product or vent lines will be: □ Schedule 40 □ Schedule 80

x) Steel couplings for product or vent lines will be: □ Schedule 40 □ Schedule 80

3. E.P.A. Required Equipment –

a) Indicate method of leak detection for tanks (mark all that apply):

□ Automatic Tank Gauging Make and Model: _____

□ Statistical Inventory Reconciliation Vendor and Method: _____

□ Inventory Control with 5 year Tightness Testing (valid for only first 10 years)

□ Interstitial Monitoring: □ Manual □ Electronic

□ Ground Water Monitoring (USTB approved site assessment required)

□ Vapor Monitoring (USTB approved site assessment required)

□ Manual Tank Gauging (valid only for tanks <2001 gallons)

□ Tracer Testing

3. E.P.A. Required Equipment (Continued)-

b) Indicate method of leak detection for piping (mark all that apply):

- ☐ Electronic Line Leak Detector Make and Model: _____
- ☐ Mechanical Line Leak Detector Make and Model: _____
- ☐ Statistical Inventory Reconciliation Vendor and Method: _____
- ☐ Interstitial Monitoring: ☐ Manual ☐ Electronic
- ☐ Line Tightness Testing
- ☐ Ground Water Monitoring (USTB approved site assessment required)
- ☐ Vapor Monitoring (USTB approved site assessment required)
- ☐ Tracer Testing

c) Observation well pipe to be slotted .020 inches? ☐ Yes ☐ No

d) Observation wells to extend two (2) feet below tanks? ☐ Yes ☐ No

e) Observation wells to be provided with cap and properly identified access cover? ☐ Yes ☐ No

f) Number of observation wells to be placed in the excavation area: _____

g) Tank overfill protection will consist of:

Pressurized Systems	Suction Systems
☐ Ball Float Valve – Length: _____	☐ Automatic Shutoff Device (Overfill Drop Tube)
☐ Automatic Shutoff Device (Overfill Drop Tube)	☐ Audible High Level Alarm (90% tank capacity)
☐ Audible High Level Alarm (90% tank capacity)	

h) Will steel product piping and all portions of the underground storage tank system that routinely contain product be coated and cathodically protected? ☐ Yes ☐ No

i) Tank cathodic protection will consist of: ☐ STI-P3 ☐ Impressed Current ☐ Field Installed

j) Flex Connector Cathodic Protection will consist of:

- ☐ Coated/Wrapped with field-installed anode
- ☐ Not Applicable - Installed in a liquid-tight containment sump
- ☐ Not Applicable - Isolated by approved device such as jacket or boot

k) If a cathodic protection system will be installed, please answer the questions below:

1) How many anodes will be used? _____
2) What sizes and types are the anodes? _____
3) What structures will be protected? _____
4) What type of coating or wrapping will be used? _____

l) Spill catch basin for tank fill pipe to be _____ gallons capacity.

m) Spill catch basin's material of construction will be? ☐ Metallic ☐ Fiberglass ☐ Composite Plastics

n) How will the spill catch basins attach to the riser pipe? ☐ Thread On ☐ Welded

3. E.P.A. Required Equipment (Continued)-

o) Will spill catch basins be liquid-tight? □ Yes □ No

p) Will a hydrostatic test of the spill catch basins be performed to ensure liquid-tightness? □ Yes □ No

q) Will the spill catch basins be equipped with a drain plug? □ Yes □ No

If yes, will the spill catch basins drain into the tank? □ Yes □ No

r) Will the spill catch basin lids be marked in accordance with API Specification 1637? □ Yes □ No

s) Will an approved liquid-tight fill port cap be installed on the fill port? □ Yes □ No

t) Will all turbine sumps and transition sumps be liquid-tight? □ Yes □ No

u) Will a hydrostatic test of all sumps be performed to ensure liquid-tightness? □ Yes □ No

v) Will sump sensors be installed in the turbine sumps to monitor for releases? □ Yes □ No

If yes, what type of sensor will be used? □ Float Sensor □ Liquid Sensor □ Other _____

w) Will dispensers be installed with liquid-tight Under-Dispenser Containment (UDC)? □ Yes □ No

x) Will a hydrostatic test of the UDC be performed to ensure liquid-tightness? □ Yes □ No

y) Will sump sensors be installed in the UDC to monitor for releases? □ Yes □ No

If yes, what type of sensor will be used? □ Float Sensor □ Liquid Sensor □ Other _____

4. Fuel Dispensing System -

a) Are dispensing units UL listed for flammable liquids? □ Yes □ No

b) Will all dispensing devices be at least:

20 feet from fixed sources of ignition? □ Yes □ No

10 feet from property lines? □ Yes □ No

10 feet from any building opening? □ Yes □ No

c) Will heating fuel dispensers be located on a different island than gasoline dispensers? □ Yes □ No

d) Will shear valves be properly installed and anchored on pressurized piping runs? □ Yes □ No

e) All electrical wiring entering or leaving a Class I, Division 1 or 2 area will be within conduit suitable for Class I, Group D service? □ Yes □ No

f) All Class I liquid dispenser unit pump motors listed for explosion-proof service? □ Yes □ No

g) Each end of dispenser island to be provided with metal crash post barrier at least thirty (30) inches high? □ Yes □ No

h) All dispensing areas to have signs conspicuously posted with wording *"No Smoking", "Stop Engines", "No Dispensing into Unapproved Containers"*? □ Yes □ No

i) Service station activity to be: □ Full Serve □ Self Serve □ Split-Serve

j) Will the station have proper emergency cut-off switches that are conspicuously identified? □ Yes □ No

k) Self-serve attendant to have full view of entire dispensing area? □ Yes □ No

4. Fuel Dispensing System (Continued)-

l) Will hose break-away devices be installed on all hoses dispensing Class I liquids? □ Yes □ No

m) Will each dispenser unit shut-off nozzle valve be automatically operated to stop flow upon reaching a full tank or when dropped on the pavement? □ Yes □ No

n) Will dispensers utilize a self-serve credit card or private card system? □ Yes □ No

o) If the facility is to operate unattended, please answer the questions below:

1) Will an automatic fire suppression system be installed and maintained in accordance with the appropriate NFPA standard? □ Yes □ No

2) Will an approved communication device be provided to notify the local fire department? □ Yes □ No

3) Will the amount of fuel dispensed be limited per transaction? □ Yes □ No

If yes, how will it be limited and to what amounts?_____

4) Will an approved oil/water separator be provided at the facility? □ Yes □ No

5) Will an approved electrical disconnect device be accessible to patrons at the dispenser island? □ Yes □ No

6) Will operating and emergency instructions be posted in accordance with NFPA 30A? □ Yes □ No

p) Will material list be submitted with this application? □ Yes □ No

q) Will electrical installations be inspected by a certified electrical inspector for approval? □ Yes □ No

Fee Schedule

Installation plan review fee of $100.00 for the first tank and $50.00 for each additional tank is required for this specialized review. Piping system plan review fee is $100.00 (piping system includes valves, fill pipes, vents, leak detection, spill and overfill prevention, cathodic protection or associated components.) **The required fee must accompany your application for permit.** Your check or money order should be made payable to the *"Kentucky State Treasurer"*. The name and location of the project must be indicated on the check or money order.

I, the undersigned, do hereby agree that this installation shall comply with all applicable requirements of the "Standards of Safety" promulgated in 815 KAR 10:060 and all other applicable standards as required. All answers in this application are true and accurate to the best of my knowledge.

_____ _____

CONTRACTOR (SIGNATURE) DATE

Note: Site plan, specifications and check or money order shall accompany this document for approval. Please return completed permit application to the address listed below:

Office of Housing, Buildings and Construction
Hazardous Materials Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405

Site Plan

For Official Use Only

APPROVAL BY THE HAZARDOUS MATERIALS SECTION

NAME OF BUSINESS/COMPANY (D/B/A) ______________________

IF THE NAME HAS CHANGED, WHAT IT WAS PREVIOUSLY CALLED ______________________

STREET ADDRESS ______________________

PERMIT NUMBER ______________________

CITY ______________________ COUNTY ______________________

AI NUMBER (IF KNOWN) ______________________

INSPECTION INFORMATION

Tank #	Product Grade	Construction Material	Manufacturer	Model	Overfill Protection Type
1					
2					
3					
4					
5					
6					

Piping #	Product Grade	Construction Material	Manufacturer	Model	Chase Pipe or Direct Buried
1					
2					
3					
4					
5					
6					

STP SUMP AND DISPENSER SUMP INFORMATION

	STP Sump Observation	**Dispenser Sump Observation**
Are Sumps fully contained:	☐ Yes ☐ No	☐ Yes ☐ No
Are Sump Sensors Present:	☐ Yes ☐ No	☐ Yes ☐ No
Are All Flex Connectors, Risers, Swing Joints:	☐ Isolated ☐ Coated & Cathodically Protected ☐ Cathodically Protected Only ☐ No Isolation Or CP Observed	☐ Isolated ☐ Coated & Cathodically Protected ☐ Cathodically Protected Only ☐ No Isolation Or CP Observed

UST SYSTEM TEST DATES WITH SATISFACTORY RESULTS

Test Dates	**Type of Test Performed**					
	☐ Air	☐ Product	☐ Tank	☐ Vacuum	☐ Vent	☐ Other
	☐ Air	☐ Product	☐ Tank	☐ Vacuum	☐ Vent	☐ Other
	☐ Air	☐ Product	☐ Tank	☐ Vacuum	☐ Vent	☐ Other
	☐ Air	☐ Product	☐ Tank	☐ Vacuum	☐ Vent	☐ Other
	☐ Air	☐ Product	☐ Tank	☐ Vacuum	☐ Vent	☐ Other
	☐ Air	☐ Product	☐ Tank	☐ Vacuum	☐ Vent	☐ Other

COMMENTS: ______________________

Pursuant to KRS 227.300 and 815 KAR 10:060 the above listed installation is found to have substantially complied with the Kentucky "*Standards of Safety*".

Hazardous Materials Field Inspector ______________________ **Badge #** ______________________ **Date** ______________________